

*If you are using a printed copy of this procedure, and not the on-screen version, then you **MUST** make sure the dates at the bottom of the printed copy and the on-screen version match. The on-screen version of the Collider-Accelerator Department Procedure is the Official Version. Hard copies of all signed, official, C-A Operating Procedures are kept on file in the C-A ESHQ Training Office, Bldg. 911A.*

C-A OPERATIONS PROCEDURES MANUAL

ATTACHMENT

4.120.52.a U-up & V-Target (PEER 23) Critical Device Tests

C-A-OPM Procedures in which this Attachment is used.		
4.120.52		

Hand Processed Changes

<u>HPC No.</u>	<u>Date</u>	<u>Page Nos.</u>	<u>Initials</u>
_____	_____	_____	_____
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Approved: _____ ***Signature on File*** _____
 Collider-Accelerator Department Chairman Date

V. Castillo

4.120.52.a U-up & V-tgt (PEER 23) Critical Device Tests

PASS ANNUAL ACCEPTANCE TEST PROTOCOL

Division A Software Filename and Checksum: Title: _____ Checksum: _____

Division B Software Filename and Checksum: Title: _____ Checksum: _____

Initial testing complete:

Test Team Leader's Name (Print): _____ Life Number: _____

Test Team Leader's Name (Sign): _____ Date: ____/____/____

Acceptance test procedure complete (following repairs and retesting if required):

Test Team Leader's Name (Print): _____ Life Number: _____

Test Team Leader's Name (Sign): _____ Date: ____/____/____

Test results reviewed by:

Safety Section Head's Name (Print): _____ Life Number: _____

Safety Section Head's Name (Sign): _____ Date: ____/____/____

Test results accepted by Radiation Safety Committee:

RSC Member's Name (Print): _____ Life Number: _____

RSC Member's Name (Sign): _____ Date: ____/____/____

1.1 Test Reachback Devices, Booster Injection Enable 1(BS1) and Booster Injection Enable 2(BS2), are interlocked on failure of Primary Critical Device as sensed by A or B Division.

- ☐ **PLACE** Peer 23 in Restricted Access (Mode 8)
- ☐ **VERIFY** MCR sees Peer 23 is in **MODE 8**
- TURN OFF** BF6 and DH2,3 Feed-forward Switch
- ☐ **VERIFY** BF6 and DH2,3 Feed-forward Switch **OFF**
- STATION** Personnel at Bldg 914 Security Enclosure #4521
- STATION** Personnel at Critical Device Box #5470 in Bldg 921
- ☐ **VERIFY** Relay 4521 IK8 is **ON**
- ☐ **VERIFY** Relay 4521 IK9 is **ON**
- ☐ **VERIFY** MCR sees on PASS testing CD page BS1 Div A ☐ Div B ☐ **OPEN**
- ☐ **VERIFY** MCR sees on PASS testing CD page BS2 Div A ☐ Div B ☐ **OPEN**

FOLLOW Tests in Table 1 below

At bldg 921 press & hold	At bldg 914 Verify relay IK8 goes OFF	At bldg 914 Verify relay IK9 goes OFF	Verify MCR sees Peer 23 goes to Mode 2 on Mtce Peer 23 page	Verify MCR sees on PASS testing CD page	Release	Reset Rch-back	Place Peer 23 in Mode 8	Verify Peer 23 in Mode 8	Go to next PB
PB 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Div A <input type="checkbox"/> Div B	<input type="checkbox"/> BS1 Closed Div A <input type="checkbox"/> BS1 Closed Div B <input type="checkbox"/> BS2 Closed Div A <input type="checkbox"/> BS2 Closed Div B	PB3			<input type="checkbox"/> Div A <input type="checkbox"/> Div B	
PB 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Div A <input type="checkbox"/> Div B	<input type="checkbox"/> BS1 Closed Div A <input type="checkbox"/> BS1 Closed Div B <input type="checkbox"/> BS2 Closed Div A <input type="checkbox"/> BS2 Closed Div B	PB4			<input type="checkbox"/> Div A <input type="checkbox"/> Div B	End of test

Table 1 - Test Reachback Devices, Booster Injection Enable 1(BS1) and Booster Injection Enable 2(BS2), are interlocked on failure of Primary Critical Device as sensed by A or B Division.

- ☐ **TURN ON** BF6 and DH2,3 Feed-forward Switch
- ☐ **VERIFY** BF6 and DH2,3 Feed-forward Switch **ON**
- ☐ **Check for acceptance of Test Reachback Devices, Booster Injection Enable 1(BS1) and Booster Injection Enable 2(BS2), are interlocked on failure of Primary Critical Device as sensed by A or B Division.**

END OF TEST PROCEDURE

TTL: Sign for completion of initial testing: _____

Date: ____/____/____

TTL: Sign for completion of final testing: _____

Date: ____/____/____